

## Return of Organization Exempt from Income Tax

2004

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 9/01 , 2004, and ending 8/31 , 2005

B Check if applicable.

- Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.COMMITTEE FOR MISSING CHILDREN, INC.  
242 STONE MOUNTAIN STREET  
LAWRENCEVILLE, GA 30045

D Employer identification number

58-2215576

E Telephone number

800-525-8204

F Accounting method:

- Cash  Accrual  
 Other (specify) ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: ► FINDTHEKIDS.COM

J Organization type  
(check only one) ►  501(c) 3 ◀ (insert no)  4947(i)(1) or  527K Check here ►  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 3,757,742.

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates?  Yes  No

H (b) If 'Yes,' enter number of affiliates. ►

H (c) Are all affiliates included?  
(If 'No,' attach a list. See instructions.)  Yes  NoH (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ►

M Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received.

a Direct public support

1a 3,753,162.

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 3,753,162. noncash \$ )

1d 3,753,162.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe) ► SEE STATEMENT 1)

7

4,580.

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ► 

a Gross revenue (not including \$ ) of contributions

9a

b Less direct expenses other than fundraising expenses

9b

c Net gain (or loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit (or loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

3,757,742.

13 Program services (from line 44, column (B))

13

296,982.

14 Management and general (from line 44, column (C))

14

49,492.

15 Fundraising (from line 44, column (D))

15

3,257,862.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17

3,604,336.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

153,406.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

205,711.

20 Other changes in net assets or fund balances (attach explanation)

20

373.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

359,490.

REVENUE  
SCANNED FEB 01 2005

382

RECEIVED

JAN 28 2005

OGDEN UT

P  
8

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____) non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25	121,334.	112,334.	9,000.
26 Other salaries and wages	26			
27 Pension plan contributions	27	1,533.	1,533.	
28 Other employee benefits	28			
29 Payroll taxes	29	14,112.	13,380.	732.
30 Professional fundraising fees	30	3,248,442.		3,248,442.
31 Accounting fees	31	8,200.	7,380.	820.
32 Legal fees	32	9,754.	8,779.	975.
33 Supplies	33	8,125.	7,582.	543.
34 Telephone	34	11,328.	11,177.	151.
35 Postage and shipping	35	3,401.	3,078.	323.
36 Occupancy	36	16,124.	15,104.	1,020.
37 Equipment rental and maintenance	37	5,196.	4,676.	520.
38 Printing and publications	38			
39 Travel	39	2,759.	2,759.	
40 Conferences, conventions, and meetings	40	31,680.		31,680.
41 Interest	41	505.		505.
42 Depreciation, depletion, etc (attach schedule)	42	5,670.	5,263.	407.
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a	116,173.	103,937.	2,816.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,604,336.	296,982.	49,492.
				3,257,862.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If 'Yes,' enter (I) the aggregate amount of those joint costs \$ \_\_\_\_\_, (II) the amount allocated to Program services

\$ \_\_\_\_\_, (III) the amount allocated to Management and general \$ \_\_\_\_\_, and (IV) the amount allocated to Fundraising \$ \_\_\_\_\_

### Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► LOCATING MISSING CHILDREN

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts, but  
optional for others.)

a DISTRIBUTION OF PHOTOS OF MISSING CHILDREN, EDUCATION AND CASE MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.	(Grants and allocations \$ _____)	296,982.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		296,982.

**Part IV. Balance Sheets (See Instructions)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
	45 Cash – non-interest-bearing . . . . .	259,999.	45	491,529.
	46 Savings and temporary cash investments . . . . .	1,466.	46	1,217.
	47a Accounts receivable . . . . .	47a		
	b Less: allowance for doubtful accounts . . . . .	47b		47c
	48a Pledges receivable . . . . .	48a		
	b Less: allowance for doubtful accounts . . . . .	48b		48c
	49 Grants receivable . . . . .			49
A S S E T S	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50
	51a Other notes & loans receivable (attach sch) . . . . .	51a		
	b Less: allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .			53
	54 Investments – securities (attach schedule) . . . . .		► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55a Investments – land, buildings, & equipment basis . . . . .	55a		
	b Less accumulated depreciation (attach schedule) . . . . .	55b		55c
	56 Investments – other (attach schedule) . . . . .			56
L I A B I L I T E S	57a Land, buildings, and equipment basis . . . . .	57a	59,093.	
	b Less: accumulated depreciation (attach schedule) . . . . .	57b	42,153.	
	STATEMENT 4. . . . .			
	58 Other assets (describe ► SEE STATEMENT 5 . . . . .)		13,804.	57c 16,940.
	59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .		1,424.	58 1,424.
			276,693.	59 511,110.
N M A S S E S O R F U N D B A L A N C E S	60 Accounts payable and accrued expenses . . . . .		12,612.	60 16,522.
	61 Grants payable . . . . .			61
	62 Deferred revenue . . . . .			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63
	64a Tax-exempt bond liabilities (attach schedule) . . . . .			64a
	b Mortgages and other notes payable (attach schedule) . . . . .			64b
	65 Other liabilities (describe ► SEE STATEMENT 6 . . . . .)		58,370.	65 135,098.
	66 Total liabilities (add lines 60 through 65) . . . . .		70,982.	66 151,620.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. . . . .			
	67 Unrestricted . . . . .		205,711.	67 359,490.
	68 Temporarily restricted . . . . .			68
	69 Permanently restricted . . . . .			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74 . . . . .			
	70 Capital stock, trust principal, or current funds . . . . .			70
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) . . . . .		205,711.	73 359,490.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73) . . . . .		276,693.	74 511,110.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	► a 3,757,742.	a Total expenses and losses per audited financial statements	► a 3,604,336.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments.... \$		(1) Donated services and use of facilities . . . \$	
(2) Donated services and use of facilities . . . \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants . . . \$		(3) Losses reported on line 20, Form 990 . . . \$	
(4) Other (specify)	----- \$	(4) Other (specify)	----- \$
Add amounts on lines (1) through (4)	► b	Add amounts on lines (1) through (4)	► b
c Line a minus line b	► c 3,757,742.	c Line a minus line b	► c 3,604,336.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 . . . \$		(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify)	----- \$	(2) Other (specify)	----- \$
Add amounts on lines (1) and (2)	► d	Add amounts on lines (1) and (2)	► d
e Total revenue per line 12, Form 990 (line c plus line d) . . .	► e 3,757,742.	e Total expenses per line 17, Form 990 (line c plus line d) . . .	► e 3,604,336.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7				
		121,334.	0.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule - see instructions.

►  Yes

X No

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**Part VI Other Information (See instructions.)**

	<b>Yes</b>	<b>No</b>
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.....	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? .....	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization ► <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b Did the organization file Form 1120-POL for this year? .....	81b	N/A
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
It 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► <u>0</u> , section 4912 ► <u>0</u> , section 4955 ► <u>0</u> .	89b	X
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90a List the states with which a copy of this return is filed ► <u>SEE STATEMENT 8</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions )	90b	0
91 The books are in care of ► <u>DAVID THELEN</u> Telephone number ► <u>800-525-8204</u> Located at ► <u>242 STONE MOUNTAIN ST; LAWRENCEVILLE, GA</u> ZIP + 4 ► <u>30045</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A ► <input type="checkbox"/>

BAA

Form 990 (2004)

**Part VII Analysis of Income-Producing Activities (See instructions)**

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue.

a \_\_\_\_\_

b \_\_\_\_\_

c \_\_\_\_\_

d \_\_\_\_\_

e \_\_\_\_\_

f Medicare/Medicaid payments.....

g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings & temporary cash invmnts.

96 Dividends & interest from securities

97 Net rental income or (loss) from real estate.

a debt-financed property.

b not debt-financed property

98 Net rental income or (loss) from prop prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory...

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a \_\_\_\_\_

b \_\_\_\_\_

c \_\_\_\_\_

d \_\_\_\_\_

e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E))

14 4,580.

105 Total (add line 104, columns (B), (D), and (E))

4,580.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).			
N/A				

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)**

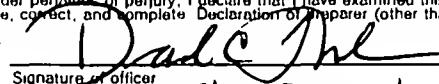
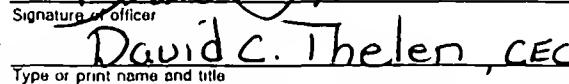
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of Preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer  Type or print name and title		
Paid Preparer's Use Only	► Charles S Flynn CPA Date 1/16/06 Firm's name (or yours if self employed), address, and ZIP + 4 ► REYNOLDS, LYON & CO., LLC ► 3145 REPS MILLER RD STE B NORCROSS, GA 30071-1417 Check if self employed ► <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) N/A EIN ► N/A Phone no ► (770) 449-0285		

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under  
Section 501(c)(3)**

OMB No. 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

**2004**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

**COMMITTEE FOR MISSING CHILDREN, INC.**Employer identification number  
**58-2215576****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DAVID C. THELEN	CEO			
LAWRENCEVILLE, GA 30045	40	70,000.	0.	0.
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000	►	0		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
XENTEL, INC.		
101 NE 3RD AVE #303, FT LAUDERDALE, FL 33301	FUNDRAISING	2,147,578.
NEWPORT CREATIVE COMMUNICATIONS		
33 RAILROAD AVENUE, DUXBURY, MA 02332-3807	FUNDRAISING COUNSEL	721,303.
COMMUNITY SUPPORT		
312 E. WISCONSIN AVE, STE 408, MILWAUKEE, WI	FUNDRAISING	193,771.
LAS		
4200 WISCONSIN AVE, STE 106-115, WASH., DC	FUNDRAISING	173,430.
-----		
Total number of others receiving over \$50,000 for professional services	►	0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

**Part III: Statements About Activities (See instructions.)****Yes** **No**

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creditors, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

SEE STATEMENT 9

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

b Do you have a section 403(b) annuity plan for your employees?

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

1 X

2a X

2b X

2c X

2d X

2e X

3a X

3b X

4a X

4b X

**Part IV: Reason for Non-Private Foundation Status (See instructions.)**

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(vi) Enter the hospital's name, city, and state ►
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A: Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . .	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	3,466,082.	2,226,630.	1,964,564.	1,504,224.	9,161,500.
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose . . . . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	1,112.	223.	223.	2,187.	3,745.
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22	3,467,194.	2,226,853.	1,964,787.	1,506,411.	9,165,245.
24 Line 23 minus line 17 . . . . .	3,467,194.	2,226,853.	1,964,787.	1,506,411.	9,165,245.
25 Enter 1% of line 23 . . . . .	34,672.	22,269.	19,648.	15,064.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24		► 26a	183,305.	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all those excess amounts . . . . .			► 26b		
c Total support for section 509(a)(1) test Enter line 24, column (e)			► 26c	9,165,245.	
d Add Amounts from column (e) for lines 18 _____ 3,745. 19 _____			► 26d	3,745.	
22 _____ 26b _____			► 26e	9,161,500.	
e Public support (line 26c minus line 26d total) . . . . .			► 26f	99.96 %	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____			► 27c		
d Add Line 27a total _____ and line 27b total _____			► 27d		
e Public support (line 27c total minus line 27d total) . . . . .			► 27e		
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)			► 27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			► 27g	%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			► 27h	%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V. Private School Questionnaire (See instructions.)**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement )  ----- ----- -----	31	
32 Does the organization maintain the following.  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?	32a 32b 32c 32d	
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )  ----- -----		
33 Does the organization discriminate by race in any way with respect to.  a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?	33a 33b 33c 33d 33e 33f 33g 33h	
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )  ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34a 34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	

**Part VI-A: Lobbying Expenditures by Electing Public Charities** (See instructions)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

**Check ▷ a** if the organization belongs to an affiliated group. **Check ▷ b** if you checked 'a' and 'limited control' provisions apply.

### **Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

<p>36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .</p> <p>37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .</p> <p>38 Total lobbying expenditures (add lines 36 and 37) . . . . .</p> <p>39 Other exempt purpose expenditures . . . . .</p> <p>40 Total exempt purpose expenditures (add lines 38 and 39) . . . . .</p> <p>41 Lobbying nontaxable amount Enter the amount from the following table –  <b>If the amount on line 40 is –</b>      <b>The lobbying nontaxable amount is –</b></p> <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000 . . . . .</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000. . . . .</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000. . . . .</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 . . . . .</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000 . . . . .</td> <td>\$1,000,000</td> </tr> </table> <p>42 Grassroots nontaxable amount (enter 25% of line 41) . . . . .</p> <p>43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36</p> <p>44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38</p> <p><b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.</p>	Not over \$500,000 . . . . .	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000. . . . .	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000. . . . .	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000 . . . . .	\$1,000,000	<p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p>	<p>organizations</p>
Not over \$500,000 . . . . .	20% of the amount on line 40											
Over \$500,000 but not over \$1,000,000. . . . .	\$100,000 plus 15% of the excess over \$500,000											
Over \$1,000,000 but not over \$1,500,000. . . . .	\$175,000 plus 10% of the excess over \$1,000,000											
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000											
Over \$17,000,000 . . . . .	\$1,000,000											

#### **4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) ...					
47 Total lobbying expenditures .....					
48 Grassroots non-taxable amount ...					
49 Grassroots ceiling amount (150% of line 48(e)) ...					
50 Grassroots lobbying expenditures .....					

**Part VI:B** Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
  - b Paid staff or management (Include compensation in expenses reported on lines c through h.)
  - c Media advertisements
  - d Mailings to members, legislators, or the public
  - e Publications, or published or broadcast statements
  - f Grants to other organizations for lobbying purposes
  - g Direct contact with legislators, their staffs, government officials, or a legislative body
  - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

---

BAA

**Schedule A (Form 990 or 990-EZ) 2004**

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization or

- (i) Cash. . . . .  
(ii) Other assets. . . . .

**b Other transactions:**

- (I) Sales or exchanges of assets with a noncharitable exempt organization . . . . .
  - (II) Purchases of assets from a noncharitable exempt organization . . . . .
  - (III) Rental of facilities, equipment, or other assets . . . . .
  - (IV) Reimbursement arrangements . . . . .
  - (V) Loans or loan guarantees . . . . .
  - (VI) Performance of services or membership or fundraising solicitations . . . . .

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51 a (I)		X
a (II)		X
b (I)		X
b (II)		X
b (III)		X
b (IV)		X
b (V)		X
b (VI)		X
c		X

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

**b** If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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COMMITTEE FOR MISSING CHILDREN, INC.

58-2215576

1/16/06

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**STATEMENT 1**  
**FORM 990, PART I, LINE 7**  
**OTHER INVESTMENT INCOME**

INTEREST\DIVIDEND INCOME..... \$ 4,580.  
 TOTAL \$ 4,580.

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

EXCHANGE GAIN (LOSS) \$ 373.  
 TOTAL \$ 373.

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	9,938.	502.	16.	9,420.
CASUAL LABOR	161.	161.		
COMPUTER SUPPLIES	2,104.	1,921.	183.	
CONTRIBUTIONS	490.		490.	
DUES AND SUBSCRIPTIONS	855.		855.	
INSURANCE	2,026.	1,836.	190.	
INTERNET SERVICE	1,632.	1,632.		
LIBRARY SUPPLIES	10.	10.		
MISCELLANEOUS	1,736.	1,630.	106.	
OFFICE MAINTENANCE	485.	437.	48.	
OFFICE SECURITY SYSTEM	252.	227.	25.	
OFFICERS LIFE INSURANCE	4,193.	3,774.	419.	
PARENT ADVOCACY	47,841.	47,841.		
PROMOTIONS	1,042.	1,042.		
PUBLIC RELATIONS	30,802.	30,802.		
STATE REGISTRATIONS	2,790.	2,511.	279.	
STORAGE	4,080.	4,080.		
UTILITIES	2,046.	1,841.	205.	
WEB SITE DEVELOPMENT	3,690.	3,690.		
<b>TOTAL</b>	<b>\$ 116,173.</b>	<b>\$ 103,937.</b>	<b>\$ 2,816.</b>	<b>\$ 9,420.</b>

**STATEMENT 4**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 59,093.	\$ 42,153.	\$ 16,940.
<b>TOTAL</b>	<b>\$ 59,093.</b>	<b>\$ 42,153.</b>	<b>\$ 16,940.</b>

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**STATEMENT 5**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

DEPOSITS.....

TOTAL \$ 1,424  
1,424.

**STATEMENT 6**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

ACCRUED PAYROLL TAXES  
 ACCRUED TELEMARKETING

\$ 2,952.  
132,146.  
 TOTAL \$ 135,098.

**STATEMENT 7**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045	CEO 40	\$ 70,000.	\$ 0.	\$ 0.
KAREN THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045	SECRETARY 25	20,000.	0.	0.
CHRISTIANE LOPS INDUSTRIESTRASSE 10 LANGENSELBOLD, GERMANY, 63505	DIRECTOR 40	31,334.	0.	0.
GEORGE W. MARLOW 606 CROGAN STREET LAWRENCEVILLE, GA 30045	TREASURER 1	0.	0	0.
DONALD PUTTERMAN 4 PRINCETON STREET SCHEECTADY, NY 12304	DIRECTOR 1	0.	0.	0.
JUDY GIFFORD-TOSH 222 ALEXAN DER ST #5100 ROCHESTER, NY 14607	DIRECTOR 1	0.	0.	0.
JOHN STRANGE 101 CATALOG DRIVE ELIZABETHTOWN, KY 42701	DIRECTOR 1	0.	0.	0.

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**STATEMENT 7 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LINDA SHAY-GARDNER 740 MAIN ST BETHLEHEM, PA 18018	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
BARBARA KURTH JORDAN HALL 3-98 CHARLOTTESVILLE, VA 22908	DIRECTOR 1	0.	0.	0.
HARALD WEISKER JAHNSTRASSE 14 RODGAU, GERMANY, 63110	DIRECTOR 1	0.	0.	0.
EMILY BUTRILL 3121 PANTHERVILLE RD DECATUR, GA 30037	DIRECTOR 1	0.	0.	0.
KEVIN LANGE 4805 E. THISTLE KANDING DR, #1 PHOENIX, AZ 85044	DIRECTOR 1	0.	0.	0.
<b>TOTAL</b>		<b>\$ 121,334.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**STATEMENT 8**  
**FORM 990, PART VI, LINE 90A**  
**LIST OF STATES WHICH THIS RETURN IS FILED**

ALABAMA  
 ALASKA  
 ARIZONA  
 ARKANSAS  
 CALIFORNIA  
 CONNECTICUT  
 FLORIDA  
 GEORGIA  
 ILLINOIS  
 INDIANA  
 KANSAS  
 KENTUCKY  
 LOUISIANA  
 MAINE  
 MARYLAND  
 MASSACHUSETTS  
 MICHIGAN  
 MINNESOTA  
 MISSISSIPPI  
 NEW HAMPSHIRE  
 NEW JERSEY  
 NEW MEXICO  
 NEW YORK  
 NORTH CAROLINA  
 NORTH DOKOTA

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STATEMENT 8 (CONTINUED)  
FORM 990, PART VI, LINE 90A  
LIST OF STATES WHICH THIS RETURN IS FILED

OHIO  
OKLAHOMA  
OREGON  
PENNSYLVANIA  
RHODE ISLAND  
SOUTH CAROLINA  
TENNESSEE  
UTAH  
VIRGINIA  
WAHSINGTON  
WEST VIRGINIA  
WISCONSIN

STATEMENT 9  
SCHEDULE A, PART III, LINE 2  
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

SEE PART V, FORM 990

Form 4562

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service

See Separate Instructions.

Attach this form to your return.

2004

Attachment  
Sequence No. 67

Name(s) shown on return

COMMITTEE FOR MISSING CHILDREN

Business or activity to which this form relates

NON-PROFIT

Identifying number  
58-2215576**Election to Expense Certain Tangible Property Under Section 179**

NOTE: If you have any "listed property", complete Part V before you complete Part I.

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .	1	102,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions) . . . . .	2	8,806
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	410,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately see page 3 of the instructions . . . . .	5	102,000

(a) Description of property	(b) Construction began during the tax year	(c) Filing date

7 Listed property. Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	102,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10 less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Special Depreciation Allowance and Other Depreciation (Do Not Include Listed Property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . .	14	
15 Property subject to section 168(i)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	5,670

**MACRS Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions )****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
18a 3-year property			3 yrs.	HY		
b 5-year property			5 yrs.	HY		
c 7-year property			7 yrs.	HY		
d 10-year property			10 yrs.	HY		
e 15-year property			15 yrs.	HY		
f 20-year property			20 yrs.	HY		
g 25-year property			25 yrs.	HY	S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs.	MM	S/L

**Summary (See page 7 of the instructions )**

21 Listed Property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g) and line 21. Enter here and on the appropriate lines of your return. Partnerships and S Corporations - see instructions	22	5,670
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2004)

## COMMITTEE FOR MISSING CHILDREN - 58-2215576

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**Amortization** Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution:** See page 8 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?	Yes	No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ Investment use percentage	(d) Cost or other basis	(e) basis for depreciation (business/ investment use basis)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (See page 7 of the instructions). . . . . 25

26 Property use more than 50% in a qualified business use (See page 7 of the instructions):

%					
%					
%					

27 Property use 50% or less in a qualified business use (See page 7 of the instructions):

%		S/L-	
%		S/L-	
%		S/L-	

28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter the total here and on line 7, page 1 29

## Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total bus/investment miles driven during the yr. (DO NOT include commuting miles) . . . . .												
32 Total commuting miles driven during the year . . . . .												
33 Total other personal (non-commuting miles driven . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. (See page 10 of the instructions.)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting, by your employees? . . . . .										Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39 Do you treat all use of vehicles by employees as personal use? . . . . .												
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? . . . . .												
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)												

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
					Yes	No
42 Amortization of costs that begins during your 2004 tax year (See page 11 of the instructions)						

43 Amortization of costs that began before 2004 tax year	43
44 Total. Add amounts in column (f). See page 12 of Instructions for where to report	44